



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-08	BOARD MEETING: April 17, 2012	PROJECT NO: 11-113	PROJECT COST: Original: \$8,215,403
FACILITY NAME: The Pavilion Foundation Hospital		CITY: Champaign	
TYPE OF PROJECT: Non-Substantive			HSA: IV

PROJECT DESCRIPTION: The applicants (Pavilion Foundation Hospital, Universal, Health Services, Inc., UHS of Delaware, Inc. and West Church Partnership) propose to increase its current Acute Mental Illness bed complement from 47 to 69 beds. The cost of the project is \$8,215,403.



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EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- The Pavilion Foundation Hospital proposes to increase its current Acute Mental Illness bed complement from 47 to 69 beds. The 22 bed expansion will affect both adult and youth psychiatric programs. **The anticipated project completion date is April 1, 2013.**

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- The project is before the State Board because the project substantially changes the scope or functional operation of a health care facility. The applicants are increasing the number of beds in excess of the lesser of 10 or 20 beds.

PURPOSE OF THE PROJECT:

- The purpose of the project is to enhance access to psychiatric services in Champaign and HSA-IV. The applicants report substantial growth over the last six years at the hospital.

REASON FOR THE PROJECT:

- The applicants identified significant growth in the need for both youth and adult psychiatric services in Champaign, and HSA-IV.
- The applicant is currently the only dedicated AMI health care facility in the service area.
- For the adult patient population, the proposed project will separate higher functioning adult patients from developmentally delayed patients, resulting in more individualized treatment planning and group activities.
- The new youth services unit will contain smaller, specialized units for trauma-based patients having severe life episodes, and a dual diagnosis unit for adolescents presenting with both psychiatric and substance abuse issues.

EXPANSION OF SERVICE:

- An applicant proposing to expand and modernize acute mental illness services must:
 - Document that the proposed project will serve the planning area residents
 - Document that the proposed project will meet the need for expansion by operating at 85% occupancy over the past two years.

BACKGROUND/COMPLIANCE ISSUES:

- Board Staff identified compliance issues between the applicants (The Pavilion Foundation, West Church Partnership, Universal Health Services, Inc., and UHS of Delaware, Inc.) and The State Board in regard to projects #09-15, Garfield Park Hospital, #10-051 Lincoln Prairie Behavioral Health Hospital, #10-052 Riveredge Hospital, and #10-053 Streamwood Behavioral Health Hospital. The noted compliance issues have been resolved with Board Legal Counsel.



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PUBLIC COMMENT

- A public hearing was offered on this project; however, no hearing was requested. The State Board Staff have received letters of support. These letters included:
 - 16 letters from social service or mental health agencies
 - 6 from units of local government
 - 4 from government officials
 - 3 from other health care facilities
 - 3 from independent mental health professionalsNo letters of opposition have been received by the State Board Staff.

FINANCIAL AND ECONOMIC FEASIBILITY:

- The applicants are funding the project in its entirety with cash and securities and there are sufficient financial resources to fund the project. Audited financial statements have been provided.

CONCLUSION:

- The Pavilion has operated at over 80% occupancy for the past 3 years. According to the applicants the Hospital's utilization has increased 81% from 2005 to 2011, which is over 10% a year. The applicants note the hospital is operating above the 85% occupancy target (2010 Hospital Survey), and has been forced to turn away an average of 53 patients per month during the last 22 months due to lack of available beds.

State Board Standards Not Met	
Criteria	Reasons for Non-Compliance
1110.730 (b) Planning Area Need	For the expansion of acute mental illness beds the applicants must document that they have operated at target occupancy for the past two years. The applicants have failed to do this.



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STATE AGENCY REPORT
The Pavilion Foundation Hospital
PROJECT #11-113

Applicants	The Pavilion Foundation West Church Partnership Universal Health Services, Inc. UHS of Delaware, Inc.
Facility Name	The Pavilion Foundation Hospital
Location	Champaign
Application Received	December 8, 2011
Application Deemed Complete	February 2, 2012
Review Period Ended	April 3, 2012
Review Period Extended by the State Agency	No
Public Hearing Requested	No
Applicants' Deferred Project	No
Can Applicants Request Another Deferral?	Yes
Applicants' Modified the Project	No

I. The Proposed Project

The applicants are proposing to expand the bed complement at the Pavilion Foundation Hospital from 47 to 69 beds. The 22-bed expansion will affect both adult and adolescent psychiatric services at the hospital. The cost of the project is \$8,215,403.

II. Summary of Findings

- A. The State Agency finds the proposed project does not appear to be in conformance with the provisions of Part 1110.
- B. The State Agency finds the proposed project appears to be in conformance with the provisions of Part 1120.

III. General Information

The applicants are The Pavilion Foundation, West Church Partnership, Universal Health Services, and UHS of Delaware, Inc. The Pavilion Foundation Hospital is located at 809 West Church Street, Champaign. The Pavilion Foundation Hospital is located in the HSA-IV Health Service Area. The operating entity licensee is The Pavilion Foundation and the owner of the site is Universal Health Services, Inc. The



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project is a substantive project and subject to Part 1110 and Part 1120 review. Project obligation will occur after permit approval. The anticipated project completion date is April 1, 2013.

There are four additional hospitals in AMI Planning Area IV. These hospitals are

- Advocate BroMenn Regional Medical Center, Normal;
- Provena Covenant Medical Center, Urbana;
- Sarah Bush Lincoln Health Center, Mattoon; and,
- St. Mary's Hospital, Decatur.

The February 2012 Update to the Inventory of Health Care Facilities and Services and Need Determination shows a computed excess of 53 AMI beds in HSA-IV.

CY 2010 Hospital Profile information is included at the end of this report for utilization and financial data for The Pavilion Foundation Hospital.

Support and Opposition Comments

A public hearing was offered on this project; however, no hearing was requested. The State Board Staff have received letters of support. These letters included

- 16 letters from social service or mental health agencies
- 6 from units of local government
- 4 from government officials
- 3 from other health care facilities
- 3 from independent mental health professionals

No letters of opposition have been received by the State Board Staff.

IV. The Proposed Project – Details

The applicants are proposing to expand and modernize The Pavilion Foundation Hospital, Champaign, through the modernization of 8,810 GSF of existing space, and the establishment of 23,676 GSF of newly constructed space to house 22 additional AMI beds and to serve the growing needs of its adult and youth psychiatric programs. The proposed 22-bed addition will increase the bed complement at the Pavilion Hospital from 47 to 69 AMI beds, increasing the excess AMI bed count in HSA-IV from 53 to 75 beds. The cost of the project is \$8,215,403.



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V. Project Costs and Sources of Funds

The applicants identified costs associated with the proposed project and State Board staff compiled these data in Table One. State Board Staff acknowledge that all associated project costs were broken into clinical and non-clinical considerations.

TABLE TWO			
Project Costs and Source of Funds			
Project 11-113 The Pavilion Foundation Hospital, Champaign			
Use of Funds	Clinical	Non -Clinical	Total
Preplanning Costs	\$29,895	\$87,364	\$117,259
Site Survey/Soil Investigation	\$7,572	\$22,128	\$29,700
Site Preparation	\$66,287	\$193,713	\$260,000
New Construction Contracts	\$1,472,330	\$4,302,670	\$5,775,000
Modernization Contracts	\$133,848	\$391,152	\$525,000
Contingencies	\$79,034	\$230,966	\$310,000
Architectural & Engineering Fees	\$125,817	\$367,683	\$493,500
Consulting & Other Fees	\$63,844	\$186,575	\$250,419
Moveable & Other Equipment	\$115,881	\$338,644	\$454,525
Totals	\$2,094,509	\$6,120,894	\$8,215,403
Source of Funds			
Cash & Securities	\$2,094,509	\$6,120,894	\$8,215,403
Total	\$2,094,509	\$6,120,894	\$8,215,403

A Safety Net Impact Statement was provided as required by the applicants on page 260 of the application. The Safety Net Impact Statement shows the applicants are the only one of two providers of adolescent AMI services in HSA-IV, and of the five hospitals in the HSA, has the highest percentage of Medicaid admissions for 2010. See Table Two below. The applicants also provided charity care/safety net information for the following affiliate AMI hospitals:

- Lincoln Prairie Behavioral Health Center, Springfield
- Riveredge Hospital, Forest Park
- Streamwood Behavioral Health System, Streamwood
- UHS Hartgrove Hospital, Chicago



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TABLE TWO The Pavilion Foundation Hospital Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2008	2009	2010
Inpatient	20	15	12
Outpatient	10	10	12
Total	30	25	24
Charity (cost in dollars)			
Inpatient	\$50,000	\$111,744	\$112,800
Outpatient	\$10,000	\$36,204	\$50,000
Total	\$60,000	\$147,948	\$162,800
Net Revenue	\$9,820,573	\$11,759,826	\$12,914,953
Charity Care as % of net revenue	.61%	1.25%	1.26%
MEDICAID			
Medicaid (# of patients) /Percentage of Total Admissions	2008	2009	2010
Inpatient	656/42.1%	636/43.1%	758/49.5%
Outpatient	220/30.3%	234/35.9%	144/25.2%
Total	876	870	902
Medicaid (revenue)	2008	2009	2010
Inpatient	\$4,824,933	\$6,480,831	\$9,470,609
Outpatient	\$102,880	\$119,161	\$398,828
Total	\$4,927,813	\$6,599,992	\$9,869,437
Medicaid as a % of net revenue	50.2%	56.1%	76.4%

VI. Cost Space Requirements

The applicants are proposing to modernize and expand an existing 47-bed AMI hospital in Champaign. The proposed project will increase the total bed complement from 47 to 69 beds (22 beds). The cost space requirements are illustrated in Table Three.

TABLE THREE Cost Space Requirements Clinical
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TABLE THREE Cost Space Requirements							
Department	Cost	Existing GSF	Proposed	New Construction	Modernization	As Is	Vacated
AMI	\$2,094,509	17,160	26,635	5,035	5,228	16,372	0
Total Clinical	\$2,094,509	17,160	26,635	5,035	5,228	16,372	0
Non-Clinical							
Stairs/Elevator	\$515,780	1,615	3,132	1,517	0	1,615	0
Gen. Hospital/ Administration	\$1,670,592	8,233	12,842	4,609	2,090	6,043	0
Storage	\$1,592,800	0	5,792	5,792	0	0	0
Support	\$522,248	0	1,782	1,782	0	0	0
Residential Treatment	\$1,576,248	4,603	4,526	4,526	0	0	4,603*
Mechanical/ Electrical	\$303,264	1,492	1,907	415	1,492	0	0
Total Non-Clinical	\$6,120,932	15,943	29,981	18,641	3,582	7,758	0
Total	\$8,215,403	33,103	56,616	23,676	8,810	24,130	
*Vacated Space modernized to accommodate additional AMI beds.							

VII. Section 1110.230 - Project Purpose, Background and Alternatives

A) Criterion 1110.230(a) - Background of Applicant

- 1) An applicant must demonstrate that it is fit, willing and able, and *has the qualifications, background and character, to adequately provide a proper standard of health care service for the community.* [20 ILCS 3960/6] In evaluating the qualifications, background and character of the applicant, HFPB shall consider whether adverse action has been taken against the applicant, or against any health care facility owned or operated by the applicant, directly or indirectly, within three years preceding the filing of the application. A health care facility is considered "owned or operated" by every person or entity that owns, directly or indirectly, an ownership interest. If any person or entity owns any option to acquire stock, the stock shall be considered to be owned by such person or entity (refer to 77 Ill. Adm. Code 1100 and 1130 for definitions of terms such as "adverse action", "ownership interest" and "principal shareholder").

The applicants have provided the necessary documentation as required by the State Board rules, to include a listing of facilities owned/operated by the



applicants. The applicant supplied licenses and JCAO accreditation documents and signed authorization permitting the Board to access to licensing/certification documents and records. It appears the applicants are fit will and able and have the qualifications, background and character to provide the proper standard of care to the community.

B) Criterion 1110.230 (b) - Purpose of the Project

The applicant shall document that the project will provide health services that improve the health care or well-being of the market area population to be served. The applicant shall define the planning area or market area, or other, per the applicant's definition.

- 1) The applicant shall address the purpose of the project, i.e., identify the issues or problems that the project is proposing to address or solve. Information to be provided shall include, but is not limited to, identification of existing problems or issues that need to be addressed, as applicable and appropriate for the project**

The purpose of the project is to enhance access to needed adult/adolescent psychiatric services in HSA-IV, and surrounding service areas. The Hospital's utilization has increased 81% from 2005 to 2011, which is over 10% a year. The applicants note the hospital is operating above the 85% occupancy target (2010 Hospital Survey), and has been forced to turn away an average of 52 patients per month during the last 22 months due to lack of available beds.

C) Criterion 1110.230 (c) - Alternatives to the Proposed Project

The applicant shall document that the proposed project is the most effective or least costly alternative for meeting the health care needs of the population to be served by the project.

- 1) Alternative options shall be addressed. Examples of alternative options include:**
 - A) Proposing a project of greater or lesser scope and cost;**
 - B) Pursuing a joint venture or similar arrangement with one or more providers or entities to meet all or a portion of the project's intended purposes; developing alternative settings to meet all or a portion of the project's intended purposes;**



- C) Utilizing other health care resources that are available to serve all or a portion of the population proposed to be served by the project; and
 - D) Other considerations.
- 2) Documentation shall consist of a comparison of the project to alternative options. The comparison shall address issues of cost, patient access, quality and financial benefits in both the short term (within one to three years after project completion) and long term. This may vary by project or situation.
 - 3) The applicant shall provide empirical evidence, including quantified outcome data, that verifies improved quality of care, as available.

The applicant considered four alternatives, to include the chosen option described in this application. They are:

1) **Add Beds to Only One Level of Service**

The applicants deemed the option of adding beds to only the adult or adolescent AMI service inappropriate and infeasible, due the demand for expanded services in both levels of care. The applicants reported 1,087 denied admissions in 2010, for both adult and adolescent psychiatric services, and operating at 89% capacity for the last two years. The applicants also report receiving letters of support from referral sources to add beds to both levels of care. **Estimated cost of alternative to add 12 beds: \$6,200,000.**

2) **Operate an AMI Unit in a General Hospital**

The applicants explored this alternative and acknowledge there are a few AMI units in General Hospitals that are operating below the prescribed occupancy target, and could benefit from the applicant's expertise, referral relationships, and patient base. However, the applicants cite differences in the facilities, staffing, and special programming that uphold the provision of quality AMI care to both adult and adolescent populations, and attest this level of care is best practiced in a free-



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standing AMI hospital. **The applicants identified no project costs with this alternative.**

3) **Build a New Psychiatric Facility in Southern Illinois**

The applicant explored the alternative of purchasing land and building a new facility in Southern Illinois, or renovating an existing structure in this region. The applicants studied Southern Illinois due to the large number of referral patients transferred to the applicant facility from this region. However, the applicants found the cost of moving the existing facility to a new or renovated facility in southern Illinois would add greatly to the estimated project cost, and diminish accessibility to care for the patient base in Champaign County and the surrounding service area. **The applicants estimated the project cost of this alternative to be approximately \$9,000,000, which greatly exceeds the project cost for the proposed project.** The applicants rejected this alternative, based on costs and patient accessibility.

IX. 1110.234 - Project Scope and Size, Utilization and Unfinished/Shell Space

A) Criterion 1110.234(a) - Size of Project

- 1) **The applicant shall document that the physical space proposed for the project is necessary and appropriate. The proposed square footage (SF) cannot deviate from the SF range indicated in Appendix B, or exceed the SF standard in Appendix B if the standard is a single number, unless SF can be justified by documenting, as described in subsection (a)(2).**

B) Project Services Utilization – Review Criterion

The applicant shall document that, by the end of the second year of operation, the annual utilization of the clinical service areas or equipment shall meet or exceed the utilization standards specified in Appendix B. The number of years projected shall not exceed the number of historical years documented. If the applicant does not meet the utilization standards in Appendix B, or if service areas do not have utilization standards in 77 Ill. Adm. Code 1100, the applicant shall justify its own utilization standard by providing published data or studies, as applicable and available from a recognized source, that minimally include the following:



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C) Assurances

The applicant shall submit the following:

- 1) The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the end of the second year of operation after the project completion, the applicant will meet or exceed the utilization standards specified in Appendix B.**
- 2) For shell space, the applicant shall submit the following:**
 - A) Verification that the applicant will submit to HFSRB a CON application to develop and utilize the shell space, regardless of the capital thresholds in effect at that time or the categories of service involved;**
 - B) The anticipated date by which the subsequent CON application (to develop and utilize the subject shell space) will be submitted; and**
 - C) The estimated date when the shell space will be completed and placed into operation.**

The applicants propose to modernize 5,228 GSF of space and establish 5,035 GSF of newly constructed space to accommodate a 69-bed AMI hospital in Champaign. Overall, the facility will contain 26,635 GSF of clinical (reviewable) space. Applying the State Standard of 440-560 GSF per bed for AMI services, it appears the applicants have satisfied the requirements of this criterion.

TABLE FOUR Size of the Project						
Departments	Unit of Measure	State Standard/Unit of Measure	State Standard GSF	Proposed GSF	Difference	Meets Standards
AMI Beds	69 beds	440-560 DGSF/Bed	38,640	26,635GSF	12,005 GSF	Yes

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE SIZE CRITERION (77 IAC 1110.234(a)).

B. Criterion 1110.234 (b) - Project Services Utilization



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The criterion states:

"This criterion is applicable only to projects or portions of projects that involve services, functions or equipment for which HFPB has established utilization standards or occupancy targets in 77 Ill. Adm. Code 1100. The applicants shall document that, in the second year of operation, the annual utilization of the service or equipment shall meet or exceed the utilization standards specified in Appendix B."

The applicants are projecting the occupancy figures illustrated in Table Five by the second year after project completion (2015). The applicants calculated projected growth percentages from historical utilization data, and applied these figures to determine the utilization data for FY 2015. The results are identified below.

TABLE FIVE				
Projected Services Utilization FY 2017				
Dept. Service	Projected Utilization	State Standard	Proposed Beds on Campus	Met Standard?
AMI Service	88.6%	85%	62	Yes

The applicants attest that the projected utilization data, combined with the 1,767 projected referrals for 2014, the first year after project completion, will ensure the operational capacity outlined in Table Five. The State Agency has found the applicants to be compliant with this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT UTILIZATION CRITERION (77 IAC 1110.234(b)).

X. 1110.730 - Acute Mental Illness

A) Criterion 1110.730 (b) - Planning Area Need

The applicant shall document that the number of beds to be established or added is necessary to serve the planning area's population, based on the following:

2) Service to Planning Area Residents



- A) Applicants proposing to establish or add beds shall document that the primary purpose of the project will be to provide necessary health care to the residents of the area in which the proposed project will be physically located (i.e., the planning or geographical service area, as applicable), for each category of service included in the project.

- 4) **Service Demand - Expansion of AMI and/or CMI Service**
The number of beds to be added for each category of service is necessary to reduce the facility's experienced high occupancy and to meet a projected demand for service. The applicant shall document subsection (b)(4)(A) and either subsection (b)(4)(B) or (C):
 - A) **Historical Service Demand**
 - i) An average annual occupancy rate that has equaled or exceeded occupancy standards for the category of service, as specified in 77 Ill. Adm. Code 1100, for each of the latest two years.
 - ii) If patients have been referred to other facilities in order to receive the subject services, the applicant shall provide documentation of the referrals, including: patient origin by zip code; name and specialty of referring physician; and name and location of the recipient hospital, for each of the latest two years.
 - B) **Projected Referrals**
The applicant shall provide the following:
 - i) physician referral letters that attest to the physician's total number of patients (by zip code of residence) who have received care at existing facilities located in the area during the 12-month period prior to submission of the application;
 - ii) an estimated number of patients the physician will refer to the applicant's facility within a 24-month period after project completion. The anticipated number of referrals cannot exceed the physician's documented historical



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caseload. The percentage of project referrals used to justify the proposed expansion cannot exceed the historical percentage of applicant market share, within a 24-month period after project completion;

iii) The physician's notarized signature, the typed or printed name of the physician, the physician's office address and the physician's specialty; and

iv) Verification by the physician that the patient referrals have not been used to support another pending or approved CON application for the subject services.

C) **Projected Service Demand - Based on Rapid Population Growth**
If a projected demand for service is based upon rapid population growth in the applicant facility's existing market area (as experienced within the latest 24-month period), the projected service demand shall be determined as follows:

i) The applicant shall define the facility's market area based upon historical patient origin data by zip code or census tract;

ii) Population projections shall be produced, using, as a base, the population census or estimate for the most recent year, for county, incorporated place, township or community area, by the U.S. Census Bureau or IDPH;

iii) Projections shall be for a maximum period of 10 years from the date the application is submitted;

iv) Historical data used to calculate projections shall be for a number of years no less than the number of years projected;

v) Projections shall contain documentation of population changes in terms of births, deaths and net migration for a period of time equal to or in excess of the projection horizon;



- vi) **Projections shall be for total population and specified age groups for the applicant's market area, as defined by HFPB, for each category of service in the application; and**
- vii) **Documentation on projection methodology, data sources, assumptions and special adjustments shall be submitted to HFPB.**

The applicants are proposing to modernize/expand an existing 47-bed AMI Hospital in Champaign (HSA-IV), resulting in a 69 bed AMI hospital serving both adult and adolescent patient populations.

The applicants note that the primary purpose of the project is to address a significant need for both adult and adolescent psychiatric inpatient services in HSA-IV and the surrounding service area. The applicants cite the dramatic growth in service need (81%), in the last six years, the unavailability of bed space, and the inability to serve and inevitable turn away, 1,151 AMI patients in 2010 (over 52 patients a month).

The applicants report having exceeded the State Occupancy Target for the years 2009 and 2010. However, Board Staff report operational capacities of 82.6% for 2009, and 85.9% for 2010. Further historical research failed to identify operational capacities in excess of the 85th percentile for the years 2005 through 2008.

The application contains twenty nine referral letters from area AMI providers and clinicians, agreeing to refer 1,767 patients in 2014, the first year after project completion. The applicants also anticipate an additional 734 AMI referrals above and beyond the existing 1,530 admissions, for a total of 2,264 admissions by 2015. The applicants identified The Pavilion Foundation Hospital as the only specialized psychiatric facility, and one of only two AMI providers within a 55-minute travel radius. The applicants cite their facility as a dominant provider of AMI services to Medicaid recipients, and the only provider of child/adolescent AMI services.

It appears the applicants will be providing service to the planning area however current State Board rules require the applicants to be at target occupancy of 85% for 2 years. The applicants have not met the requirements of this criterion.



THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE PLANNING AREA NEED CRITERION (77 IAC 1110.730(b)).

B) Criterion 1110.730(d)(1) - AMI and/or CMI Modernization

- 1) If the project involves modernization of an AMI and/or CMI service, the applicant shall document that the inpatient bed areas to be modernized are deteriorated or functionally obsolete and need to be replaced or modernized, due to such factors as, but not limited to:**
 - A) High cost of maintenance;**
 - B) Non-compliance with licensing or life safety codes;**
 - C) Changes in standards of care (e.g., private versus multiple bed rooms); or**
 - D) Additional space for diagnostic or therapeutic purposes.**
- 2) Documentation shall include the most recent:**
 - A) IDPH CMMS inspection reports; and**
 - B) Joint Commission on Accreditation of Healthcare Organizations (JCAHO) reports.**
- 3) Other documentation shall include the following, as applicable to the factors cited in the application:**
 - A) Copies of maintenance reports;**
 - B) Copies of citations for life safety code violations; and**
 - C) Other pertinent reports and data.**
- 4) Projects involving the replacement or modernization of a category of service or hospital shall meet or exceed the occupancy standards for the categories of service, as specified in 77 Ill. Adm. Code 1100.**



The applicants note the third floor is being remodeled to expand the 17-bed AMI unit into a 27 bed unit. A new medicine distribution room is to be developed adjacent to the expanded nurse's station, and a new day room is planned. The seclusion rooms and sleeping rooms will be modernized and used as patient rooms, and a new passageway is planned for proper exit from the unit. The applicants maintain the existing facility is compliant with applicable code for patient usage, and no deteriorated facilities or cited problems exist in the present facility. It simply needs to expand to serve a growing AMI patient population. However the proposed expansion and modernization is not warranted because the applicants have not been at the State Board's target occupancy for the past two years.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE MODERNIZATION CRITERION (77 IAC 1110.730(b)).

C) Criterion 1110.730 (e) - Staffing Availability – Review Criterion

The applicant shall document that relevant clinical and professional staffing needs for the proposed project were considered and that licensure and JCAHO staffing requirements can be met. In addition, the applicant shall document that necessary staffing is available by providing letters of interest from prospective staff members, completed applications for employment, or a narrative explanation of how the proposed staffing will be achieved.

The applicants note the current facility is able to fully staff the additional positions and services with qualified personnel, and have sufficient applications/resumes on file from previous recruitment efforts to staff any additional positions needed as a result of the proposed project.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE STAFFING AVAILABILITY CRITERION (77 IAC 1110.730(g)).

D) Criterion 1110.730 (f) - Performance Requirements

- 1) The minimum unit size for a new AMI unit within an MSA is 20 beds.
- 2) The minimum unit size for a new AMI unit outside an MSA is 10 beds.



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The applicants propose to modernize/expand an existing AMI facility from 47 beds to 69 beds. This particular AMI category of service is in an MSA. The applicants note the individual AMI units are divided into smaller discrete units to accommodate specialty programs in Adult and Adolescent services. The applicants have met the requirements of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PERFORMANCE CRITERION (77 IAC 1110.730(f)).

E) Criterion 1110.730 (g) - Assurances

The applicant representative who signs the CON application shall submit a signed and dated statement attesting to the applicant's understanding that, by the second year of operation after the project completion, the applicant will achieve and maintain the occupancy standards specified in 77 Ill. Adm. Code 1100 for each category of service involved in the proposal.

The applicants have attested that they will be at 85% occupancy within two years after project completion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE ASSURANCE CRITERION (77 IAC 1110.730(g)).

XI. 1120.120 - Availability of Funds

The applicant shall document that financial resources shall be available and be equal to or exceed the estimated total project cost plus any related project costs by providing evidence of sufficient financial resources.

The applicants are funding this project in its entirety with cash and securities. The applicants provided results from an independent audit. And a review of their financial statements indicates that sufficient cash is available to fund this project.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE AVAILABILITY OF FUNDS CRITERION (77 IAC 1120.120).



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XII. 1120.130 - Financial Viability

a) Financial Viability Waiver

The applicant is NOT required to submit financial viability ratios if:

- 1) all project capital expenditures, including capital expended through a lease, are completely funded through internal resources (cash, securities or received pledges); or**

HFSRB NOTE: Documentation of internal resources availability shall be available as of the date the application is deemed complete.

The applicants are funding this project in its entirety with cash and securities. A review of their financial statements indicates that sufficient cash is available to fund this project.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE FINANCIAL VIABILITY CRITERION (77 IAC 1120.130).

XIII. 1120.140 - Economic Feasibility

A) Criterion 1120.140 (a) - Reasonableness of Financing Arrangements

The applicant shall document the reasonableness of financing arrangements by submitting a notarized statement signed by an authorized representative that attests to one of the following:

- 1) That the total estimated project costs and related costs will be funded in total with cash and equivalents, including investment securities, unrestricted funds, received pledge receipts and funded depreciation; or**
- 2) That the total estimated project costs and related costs will be funded in total or in part by borrowing because:**
 - A) A portion or all of the cash and equivalents must be retained in the balance sheet asset accounts in order to maintain a current ratio of at least 2.0 times for hospitals and 1.5 times for all other facilities; or**



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- B) Borrowing is less costly than the liquidation of existing investments, and the existing investments being retained may be converted to cash or used to retire debt within a 60-day period.**

The applicants are funding this project with cash and securities totaling \$8,215,403. The applicants are not using debt financing for this project. A review of their financial statements indicates that sufficient cash is available to fund this project. The applicants have met the requirements of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REASONABLENESS OF DEBT FINANCING CRITERION (77 IAC 1120.140 (a)).

B) Criterion 1120.140 (b) - Conditions of Debt Financing

This criterion is applicable only to projects that involve debt financing. The applicant shall document that the conditions of debt financing are reasonable by submitting a notarized statement signed by an authorized representative that attests to the following, as applicable:

- 1) That the selected form of debt financing for the project will be at the lowest net cost available;**
- 2) That the selected form of debt financing will not be at the lowest net cost available, but is more advantageous due to such terms as prepayment privileges, no required mortgage, access to additional indebtedness, term (years), financing costs and other factors;**
- 3) That the project involves (in total or in part) the leasing of equipment or facilities and that the expenses incurred with leasing a facility or equipment are less costly than constructing a new facility or purchasing new equipment.**

The applicants are funding this project exclusively with cash and securities totaling \$8,215,403. The applicants are not using debt financing for this project. A review of their financial statements indicates that sufficient cash is available to fund this project. The applicants have met the requirements of this criterion.



THE STATE AGENCY FINDS THE TERMS OF DEBT FINANCING CRITERION IS NOT APPLICABLE TO THE PROPOSED PROJECT (77 IAC 1120.140 (b)).

C) Criterion 1120.140 (c) - Reasonableness of Project and Related Costs

The applicant shall document that the estimated project costs are reasonable and shall document compliance with the following:

- 1) Preplanning costs shall not exceed the standards detailed in Appendix A of this Part.**
- 2) Total costs for site survey, soil investigation fees and site preparation shall not exceed the standards detailed in Appendix A unless the applicant documents site constraints or complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.**
- 3) Construction and modernization costs per square foot shall not exceed the standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.**

HFSRB NOTE: Construction and modernization costs (i.e., all costs contained in construction and modernization contracts) plus contingencies shall be evaluated for conformance with the standards detailed in Appendix A.

- 4) Contingencies (stated as a percentage of construction costs for the project's stage of architectural development) shall not exceed the standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.**

HFSRB NOTE: Contingencies shall be limited in use for construction or modernization (line item) costs only and shall be included in construction and modernization cost per square foot calculations and evaluated for conformance with the standards detailed in Appendix A.



If, subsequent to permit issuance, contingencies are proposed to be used for other component (line item) costs, an alteration to the permit (as detailed in 77 Ill. Adm. Code 1130.750) must be approved by HFSRB prior to that use.

- 5) New construction or modernization fees and architectural/engineering fees shall not exceed the fee schedule standards detailed in Appendix A unless the applicant documents construction constraints or other design complexities and provides evidence that the costs are similar to or consistent with other projects that have experienced similar constraints or complexities.
- 6) The costs of all capitalized equipment not included in construction contracts shall not exceed the standards for equipment as detailed in Appendix A unless the applicant documents the need for additional or specialized equipment due to the scope or complexities of the services to be provided. As documentation, the applicant must provide evidence that the costs are similar to or consistent with other projects of similar scope and complexity, and attest that the equipment will be acquired at the lowest net cost available, or that the choice of higher cost equipment is justified due to such factors as, but not limited to, maintenance agreements, options to purchase, or greater diagnostic or therapeutic capabilities.
- 7) Building acquisition, net interest expense, and other estimated costs shall not exceed the standards detailed in Appendix A. If Appendix A does not specify a standard for the cost component, the applicant shall provide documentation that the costs are consistent with industry norms based upon a comparison with previously approved projects of similar scope and complexity.
- 8) **Cost Complexity Index (to be applied to hospitals only)**
The mix of service areas for new construction and modernization will be adjusted by the table of cost complexity index detailed in Appendix A.

Preplanning Costs – These costs total \$29,895 or 1.6% of construction, modernization, contingency, and equipment costs. This appears reasonable compared to the State standard of 1.8%.



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Site Survey/Site Preparation Costs – These costs total \$73,859, or 4.3% construction/modernization and contingency costs. This appears to be reasonable compared to the State Standard of 5%.

New Construction and Proportionate Contingencies – This cost is \$1,544,804 or \$306.81 per GSF. This appears reasonable when compared to the adjusted State Board standard of \$358.45 per GSF.

TABLE TEN		
New Construction Costs per Square Foot		
Applicant' Proposal per GSF	Adjusted State Standard per GSF	Difference per GSF
\$306.81	\$358.45	\$51.64
Applicant' Total Const./Cont. Cost	Adjusted State Standard	Difference
\$1,544,804	\$1,804,795	\$259,991

Modernization and Proportionate Contingencies – This cost is \$140,408 or \$26.85 per GSF. This appears reasonable when compared to the adjusted State Board standard of \$224.54 per GSF.

TABLE ELEVEN		
Modernization Costs per Square Foot		
Applicant' Proposal per GSF	Adjusted State Standard per GSF	Difference per GSF
\$26.85	\$250.91	\$224.06
Applicant' Total Mod./Cont. Cost	Adjusted State Standard	Difference
\$140,408	\$1,311,757	\$1,171,349

Contingencies – This cost is \$72,474 or 4.9% of new construction costs. This appears reasonable when compared to the State Board standards of 5% for new construction.

Contingencies – This cost is \$6,560 or 4.9% of modernization costs. This appears reasonable when compared to the State Board standards of 5% -7% for new construction.

Architectural and Engineering Fees – For the construction phase, this cost is \$115,375 or 7.4% of construction and proportionate contingency costs. This appears reasonable when compared to the State Board standard of 9.99% to 14.99%. For the modernization phase, this cost is \$10,442 or 7.4% of the modernization and proportionate contingency. This appears reasonable compared to the State Board standard of 10.76%-16.16%.



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Consulting and Other Fees – These costs total \$63,844. The State Board does not have a standard for this cost.

Moveable Equipment - These costs total \$115,881. The State Board does not have an applicable standard for this criterion in relation to hospitals.

The applicants have met the requirements of this criterion.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE REASONABLENESS OF PROJECT COSTS CRITERION (77 IAC 1120.140 (c)).

D) Criterion 1120.140 (d) - Projected Operating Costs

The applicant shall provide the projected direct annual operating costs (in current dollars per equivalent patient day or unit of service) for the first full fiscal year at target utilization but no more than two years following project completion. Direct cost means the fully allocated costs of salaries, benefits and supplies for the service.

The applicants anticipate the projected operating costs per patient day to be \$251.61. The State Board does not have a standard for these costs.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE PROJECT DIRECT OPERATING COSTS CRITERION (77 IAC 1120.140 (d)).

E) Criterion 1120.140 (e) - Total Effect of the Project on Capital Costs

The applicant shall provide the total projected annual capital costs (in current dollars per equivalent patient day) for the first full fiscal year at target utilization but no more than two years following project completion.

The applicants anticipate the total effect of the Project on Capital Costs per patient day to be \$66.36. The State Board does not have a standard for these costs.

THE STATE AGENCY FINDS THE PROPOSED PROJECT APPEARS TO BE IN CONFORMANCE WITH THE TOTAL EFFECT OF THE PROJECT ON CAPITAL COSTS CRITERION (77 IAC 1120.140 (e)).

<u>Ownership, Management and General Information</u>				<u>Patients by Race</u>		<u>Patients by Ethnicity</u>	
ADMINISTRATOR NAME:	Joseph Sheehy			White	87.6%	Hispanic or Latino:	1.9%
ADMINSTRATOR PHONE	217-373-1701			Black	11.5%	Not Hispanic or Latino:	98.1%
OWNERSHIP:	Universal Health Services			American Indian	0.0%	Unknown:	0.0%
OPERATOR:	The Pavilion Foundation Hospital			Asian	0.8%		
MANAGEMENT:	Not for Profit Corporation (Not Church-R			Hawaiian/ Pacific	0.0%	IDPH Number:	4689
CERTIFICATION:				Unknown:	0.0%	HPA	D-01
FACILITY DESIGNATION:	Psychiatric Hospital					HSA	4
ADDRESS	809 West Church Street	CITY: Champaign	COUNTY: Champaign County				

<u>Facility Utilization Data by Category of Service</u>										
<u>Clinical Service</u>	Authorized CON Beds 12/31/2010	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2010	Staff Bed Occupancy Rate %
Medical/Surgical	0	0	0	0	0	0	0.0	0.0	0.0	0.0
0-14 Years				0	0					
15-44 Years				0	0					
45-64 Years				0	0					
65-74 Years				0	0					
75 Years +				0	0					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Direct Admission				0	0					
Transfers				0	0					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	47	47	47	1,530	14,741	0	9.6	40.4	85.9	85.9
Rehabilitation	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	47			1,530	14,741	0	9.6	40.4	85.928	
(Includes ICU Direct Admissions Only)										

<u>Inpatients and Outpatients Served by Payor Source</u>							
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
	12.5%	49.5%	0.0%	37.2%	0.0%	0.8%	
Inpatients	191	758	0	569	0	12	1,530
	7.5%	25.2%	0.0%	63.0%	2.1%	2.1%	
Outpatients	43	144	0	360	12	12	571
Financial Year Reported:	1/1/2010 to	12/31/2010	<u>Inpatient and Outpatient Net Revenue by Payor Source</u>				
	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense
	12.7%	54.5%	0.0%	32.8%	0.0%	100.0%	
Inpatient Revenue (\$)	2,215,398	9,470,609	0	5,706,081	0	17,392,088	112,800
	10.7%	14.0%	0.0%	72.9%	2.4%	100.0%	
Outpatient Revenue (\$)	306,306	398,828	0	2,078,409	68,000	2,851,543	50,000
							Totals: Charity Care as % of Net Revenue
							0.8%

<u>Birthing Data</u>			<u>Newborn Nursery Utilization</u>			<u>Organ Transplantation</u>		
Number of Total Births:	0		Level 1 Patient Days	0		Kidney:		0
Number of Live Births:	0		Level 2 Patient Days	0		Heart:		0
Birthing Rooms:	0		Level 2+ Patient Days	0		Lung:		0
Labor Rooms:	0		Total Nursery Patientdays	0		Heart/Lung:		0
Delivery Rooms:	0					Pancreas:		0
Labor-Delivery-Recovery Rooms:	0					Liver:		0
Labor-Delivery-Recovery-Postpartum Rooms:	0					Total:		0
C-Section Rooms:	0							
CSections Performed:	0							
			<u>Laboratory Studies</u>					
			Inpatient Studies	1,477				
			Outpatient Studies	0				
			Studies Performed Under Contract	1				

Surgery and Operating Room Utilization

<u>Surgical Specialty</u>	<u>Operating Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
Cardiovascular	0	0	0	0	0	0	0	0	0	0.0	0.0
Dermatology	0	0	0	0	0	0	0	0	0	0.0	0.0
General	0	0	0	0	0	0	0	0	0	0.0	0.0
Gastroenterology	0	0	0	0	0	0	0	0	0	0.0	0.0
Neurology	0	0	0	0	0	0	0	0	0	0.0	0.0
OB/Gynecology	0	0	0	0	0	0	0	0	0	0.0	0.0
Oral/Maxillofacial	0	0	0	0	0	0	0	0	0	0.0	0.0
Ophthalmology	0	0	0	0	0	0	0	0	0	0.0	0.0
Orthopedic	0	0	0	0	0	0	0	0	0	0.0	0.0
Otolaryngology	0	0	0	0	0	0	0	0	0	0.0	0.0
Plastic Surgery	0	0	0	0	0	0	0	0	0	0.0	0.0
Podiatry	0	0	0	0	0	0	0	0	0	0.0	0.0
Thoracic	0	0	0	0	0	0	0	0	0	0.0	0.0
Urology	0	0	0	0	0	0	0	0	0	0.0	0.0
Totals	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>SURGICAL RECOVERY STATIONS</u>				Stage 1 Recovery Stations		0	Stage 2 Recovery Stations			0	

Dedicated and Non-Dedicated Procedure Room Utilization

<u>Procedure Type</u>	<u>Procedure Rooms</u>				<u>Surgical Cases</u>		<u>Surgical Hours</u>			<u>Hours per Case</u>	
	Inpatient	Outpatient	Combined	Total	Inpatient	Outpatient	Inpatient	Outpatient	Total Hours	Inpatient	Outpatient
<i>Gastrointestinal</i>	0	0	0	0	0	0	0	0	0	0.0	0.0
<i>Laser Eye Procedures</i>	0	0	0	0	0	0	0	0	0	0.0	0.0
<i>Pain Management</i>	0	0	0	0	0	0	0	0	0	0.0	0.0
<i>Cystoscopy</i>	0	0	0	0	0	0	0	0	0	0.0	0.0
<u>Multipurpose Non-Dedicated Rooms</u>											
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0
	0	0	0	0	0	0	0	0	0	0.0	0.0

Cardiac Catheterization Labs

Total Cath Labs (Dedicated+Nondedicated labs):	0
Cath Labs used for Angiography procedures	0
Dedicated Diagnostic Catheterization Labs	0
Dedicated Interventional Catheterization Labs	0
Dedicated EP Catheterization Labs	0

Emergency/Trauma Care

Certified Trauma Center	No	
Level of Trauma Service	Level 1	Level 2
	Not Applicable	Not Applicable
Operating Rooms Dedicated for Trauma Care		0
Number of Trauma Visits:		0
Patients Admitted from Trauma		0
Emergency Service Type:		Stand-By
Number of Emergency Room Stations		0
Persons Treated by Emergency Services:		0
Patients Admitted from Emergency:		0
Total ED Visits (Emergency+Trauma):		0

Cardiac Catheterization Utilization

Total Cardiac Cath Procedures:	0
Diagnostic Catheterizations (0-14)	0
Diagnostic Catheterizations (15+)	0
Interventional Catheterizations (0-14):	0
Interventional Catheterization (15+)	0
EP Catheterizations (15+)	0

Cardiac Surgery Data

Total Cardiac Surgery Cases:	0
Pediatric (0 - 14 Years):	0
Adult (15 Years and Older):	0
Coronary Artery Bypass Grafts (CABGs) performed of total Cardiac Cases :	0

Outpatient Service Data

Total Outpatient Visits	6,345
Outpatient Visits at the Hospital/ Campus:	6,345
Outpatient Visits Offsite/off campus	0

Diagnostic/Interventional Equipment**Examinations****Radiation Equipment****Therapie:**

	<i>Own</i>	<i>Contract</i>	<i>Inpatient</i>	<i>Outpt</i>	<i>Contract</i>		<i>Owned</i>	<i>Contract</i>	<i>Treatments</i>
<i>General Radiography/Fluoroscopy</i>	0	0	0	0	0	<i>Lithotripsy</i>	0	0	0
<i>Nuclear Medicine</i>	0	0	0	0	0	<i>Linear Accelerator</i>	0	0	0
<i>Mammography</i>	0	0	0	0	0	<i>Image Guided Rad Therapy</i>	0	0	0
<i>Ultrasound</i>	0	0	0	0	0	<i>Intensity Modulated Rad Thrpy</i>	0	0	0
<i>Angiography</i>	0	0				<i>High Dose Brachytherapy</i>	0	0	0
<i>Diagnostic Angiography</i>			0	0	0	<i>Proton Beam Therapy</i>	0	0	0
<i>Interventional Angiography</i>			0	0	0	<i>Gamma Knife</i>	0	0	0
<i>Positron Emission Tomography (PET)</i>	0	0	0	0	0	<i>Cyber knife</i>	0	0	0
<i>Computerized Axial Tomography (CAT)</i>	0	0	0	0	0				
<i>Magnetic Resonance Imaging</i>	0	0	0	0	0				

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